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03-05-04  
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Atty. Dkt. No. 070191-0239 (15-IS-5293)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lamer et al.  
Title: PATIENT DATA INFORMATION SYSTEM  
Appl. No.: 09/474,569  
Filing Date: 12/29/1999  
Examiner: Tran, M.  
Art Unit: 2174

|  |                             |
|--|-----------------------------|
| <b>CERTIFICATE OF EXPRESS MAILING</b>  |                             |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. |                             |
| EV 431597690 US<br>(Express Mail Label Number)   | 3/3/04<br>(Date of Deposit) |
| Jean M. Tibbetts<br>(Printed Name)   |                             |
| <br>(Signature)  |                             |

**AMENDMENT TRANSMITTAL**

**Mail Stop AF**  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

**EXPEDITED PROCEDURE**

**RECEIVED**

MAR 08 2004

Technology Center 2100

Sir:

Transmitted herewith is an amendment in response to the Final Office Action dated December 3, 2003, in the above-identified application.

[ ] Amendment and Reply Under 37 CFR 1.116 (9 pages)

[ X ] The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate     |   | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims:  | 35                      | - | 35                     | = | 0                          | x | \$18.00  | = | \$0.00                   |
| Independents:  | 4                       | - | 4                      | = | 0                          | x | \$86.00  | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         |   |                        |   |                            | + | \$290.00 | = | \$0.00                   |
|  |                         |   |                        |   |                            |   | 0        |   |                          |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                            |   |          | = | \$0.00                   |

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2401. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2401. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-2401.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

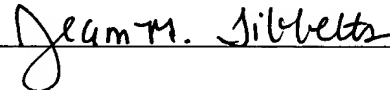
Respectfully submitted,

Date

3/3/04

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By



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